

INSTRUCTIONS FOR COMPLETING IRP APPLICATION FOR REGISTRATION – SCHEDULE A



Do not use red ink to complete the forms. Leave all sections labeled "For Office Use Only" blank.

CARRIER INFORMATION:

- Idaho Account Number Number assigned by the Idaho Transportation Department. Leave blank if new. All transactions with ITD will use this number.
- Fleet Number Maximum of three (3) digits. All vehicles in the fleet will be registered for the same jurisdictions.
- Employer ID Number (EIN) Registrant's Federal Identification Number.
- US or Idaho D.O.T. Number Required for most registrants. Enter the number issued by the Federal Department of Transportation or Idaho State Police.
- IFTA Indicate the jurisdiction in which you hold your IFTA account.
- Federal Operating Authority Required if operating interstate, for hire, hauling non-exempt commodities. Check "no" if not applicable. Check "yes" and indicate your MC number (or date applied) if applicable.
- Application Effective Date Indicate the effective date for this transaction.

- Registration Year The registration year applicable to this transaction. Contact Name and Telephone Number Name and telephone
- Supplement Number Consecutively number your transactions.
- Name of Registrant and Doing Business As (dba) Name of person, firm or corporation. Indicate your "dba" name on the next line if applicable. All names shown will appear on the vehicle registration(s).
- Street/Physical Address The actual street address or directions where registrant has an established place of business and will maintain and/or make records available for audit. This address must be in Idaho and must have a publicly-listed telephone number in the name of the registrant.
- E-mail Address Electronic address (if available).
- Mailing Address All correspondence and identification will be mailed to this address.

- number of person able to answer inquiries regarding this account.
- Fax Number Contact person's fax number.
- Business Location Telephone Number This must be a publiclylisted Idaho telephone number in the name of the Registrant and dba (if applicable) at the physical Idaho address. If you are unable or unwilling to meet this requirement, you are not eligible for apportioned registration.
- Name or Address Change Indicate "yes" if a change has been made to the registrant or dba name, or the physical or mailing address.
- **Previously Registered IRP** Indicate "yes" and the jurisdiction name if your most recent registration(s) were issued in another jurisdiction. Provide a copy of the registration(s).

WEIGHT INFORMATION:

Indicate the combined gross weight for each jurisdiction where the fleet is apportioned. All vehicles listed on this application will be registered for the weights shown. Use a separate application for vehicles with different weights. Weights shown will be listed on the vehicle registration(s). When requesting weight over 80,000 pounds, contact the jurisdiction for permitting requirements. Weight Group Number – Leave blank.

VEHICLE INFORMATION:

- 1. Action Code Indicate appropriate code as indicated in the lower left-hand corner.
- 2. Unit Number Maximum of six (6) letters or numbers used to identify the vehicle. Cannot be duplicated during the registration year.
- 3. Vehicle Year Manufacturer's vehicle model year.
- 4. Vehicle Make Manufacturer's vehicle make.
- 5. Vehicle Identification Number Complete VIN as shown on title.
- **6. Vehicle Type** TR (tractor), TK (truck), TT (truck-tractor), MT (mobile home toter), BS (bus)
- 7. Fuel Type D = diesel P = propane G = qas
- 8. Axles Indicate the number of axles (include steering).

Signature and Date - Signature of person completing application and date completed.

- 9. Unladen Weight Weight of the vehicle without a load.
- 10. A. Purchase Price Vehicle's actual purchase price paid by the current owner.
 - B. Factory Price Manufacturer's list price of the vehicle when new, including accessories and modifications.
- 11. Purchase Date Month, day and year the current owner purchased the vehicle.
- 12. Name of Owner The titled owner's name. This name will appear in the Owner Name box on the vehicle registration.
- **13. Title Number** The Idaho title number assigned to the vehicle. If newly purchased, provide a copy of the Idaho Application for Certificate of Title. Out-of-state owner/operators leased to Idahobased companies show "Leased."
- 14. State Titled Two-letter abbreviation where the vehicle is titled.

15. Operation Type - Indicate "E" (Exempt) if hauling only exempt commodities, "P" (Private) if hauling non-exempt commodities that are your own, or I* (Interstate) if hauling non-exempt commodities for hire. Note: If hauling for hire, non-exempt commodities, across state lines, you must file a Single State Registration System (SSRS) application with the One Stop Shop.

Examples of exempt commodities: Logs, unprocessed agriculture, livestock, wood chips, mining products, and milk haul.

Examples of non-exempt commodities: Equipment, general freight, hazardous materials, and interstate sand & gravel.

For more information regarding interstate commodity exemptions, contact the Federal Motor Carrier Safety Administration (FMCSA) office at (208) 334-1842.

- **16. A. Horsepower (buses only)** Rated capacity of the engine.
- B. Seats (buses only) Number of seats (including driver).
- 17. Idaho Plate The current Idaho plate number for changes, renewals or transfers. Leave blank if new plate is needed.

Change or Delete Reason – Explain the reason for changing or deleting a vehicle. The original registration (cab card) must be returned on all deleted and transferred vehicles. The license plate must also be returned if requesting a refund.

Mailing Address:

Motor Carrier One Stop Shop PO Box 7129 Boise, ID 83707-1129

Counter and Express Mail Address:

Motor Carrier One Stop Shop 3311 West State St., Boise, Idaho 83703

Counter Hours: Monday through Friday 8:30 to 5 (applications will not be processed after 4 p.m.)

Phone: (208) 334-8611 (no renewals) Fax: (208) 334-2006 (no renewals) E-mail: onestop@itd.state.id.us (no renewals)

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IDAHO APPLICATION FOR REGISTRATION - IRP MILEAGE SCHEDULE B



Reg. Year ()Renewal Account Number Fleet # Supplement # ()New Fleet () Add Jurisdictions

DO NOT USE RED INK

Complete this form when establishing a new fleet, renewing a fleet or adding jurisdictions to an existing fleet. Indicate "Y" (yes) in the Prorate column for each jurisdiction you wish to register. Indicate "N" (no) for jurisdictions in which actual miles were accrued but registration authority is not needed. Indicate "Est" for estimated or "Act" for actual to correspond with the miles declared. The mileage reporting period is calculated from July 1 to June 30 of the preceding year. Actual miles (do not round) accrued during the mileage reporting period must be declared based on the fleet operation during the mileage reporting period. Estimated miles are required for jurisdictions in which no miles were traveled during the reporting period but registration authority is needed. An Idaho Estimated Mileage Schedule G must be completed and attached if declaring estimated miles for any jurisdiction. Zero miles are not acceptable. Second and subsequent-year estimated miles will be calculated at over 100%. You are required to keep track of your mileage in each jurisdiction for reporting the next registration year and for audit purposes.

Mileage Reporting Period used for the miles shown below: July 1, 20_____ through June 30, 20_____

Jurisdiction	Prorate Y/N	*Est or Act	Mileage	Mileage Jurisdiction Prorate *Est or Act Mile		Mileage		Jurisdiction	Prorate Y/N	*Est or Act	Mileage					
AK (Alaska)	N			MT (Montana)				AB	(Alberta)							
AL (Alabama)				NC (North Carolina)				ВС	(British Columbia)							
AR (Arkansas)				ND (North Dakota)				MB	(Manitoba)							
AZ (Arizona)				NE (Nebraska)				NB	(New Brunswick)							
CA (California)				NH (New Hampshire)				NL	(Newfoundland/Labrador)							
CO (Colorado)				NJ (New Jersey)				NS	(Nova Scotia)							
CT (Connecticut)				NM (New Mexico)				NT	(NW Territory)	N						
DC (District of Columbia)				NV (Nevada)				ON	(Ontario)							
DE (Delaware)				NY (New York)				PE	(Prince Edward Island)							
FL (Florida)				OH (Ohio)				QC	(Quebec)							
GA (Georgia)				OK (Oklahoma)				SK	(Saskatchewan)							
IA (lowa)				OR (Oregon)				ΥT	(Yukon Territory)	N						
ID (Idaho)	Υ			PA (Pennsylvania)				MX	(Mexico)	N						
IL (Illinois)				RI (Rhode Island)					Mile							
IN (Indiana)				SC (South Carolina)				E	xplain in detail the scope o	peration						
KS (Kansas)				SD (South Dakota)												
KY (Kentucky)				TN (Tennessee)												
LA (Louisiana)				TX (Texas)												
MA (Massachusetts)				UT (Utah)												
MD (Maryland)				VA (Virginia)												
ME (Maine)				VT (Vermont)												
MI (Michigan)				WA (Washington)												
MN (Minnesota)				WI (Wisconsin)				* 1	estimated mileage is show	n, you r	nust exp	lain the reason				
MO (Missouri)				WV (West Virginia)				ac	tual mileage is not availabl	e in the	space a	bove and				
MS (Mississippi)				WY (Wyoming)				attach a completed Idaho Estimated Mileage Schedule G.								

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Signature

Date

Motor Carrier Services - **One Stop Shop** PO Box 7129, Boise, ID 83707-1129



IDAHO IRP APPLICATION FOR REGISTRATION (SCHEDULE A)

Phone: (208) 334-8611

Fax: (208) 334-2006 (no renewals) E-mail: onestop@itd.state.id.us

DO NOT USE RED INK

CAF	RRIER I	NFOR	MATIO	N																٧	Veb Add	dress:	www.a	ccessidal	_ ho.org	
Idaho Account Number Fleet # Employer Identification Number U.S. DOT				OOT#	Inter		nal Fue tho	el Tax Agre ()Othe	ement (IFTA) Autl er:		ority Federal Operating Authority ()No ()Yes: MC #					Application Effective Date				eg. Year	Supplement #					
Name	of Registr	ant	•	•			•		,			E-mail A	ddress	1 \	, ,	,			Contact	Name			•			
Doing Business As (dba)											Mailing Address							Contact Telephone Number					Fax Number			
Stree	Street Address or Physical Location											City		Business Location Telephone Number (mandatory requirement, will be verified												
City State Zip Code IDAHO																	RP in another jurisdiction: ()No st recent registration(s).			()Ye	()Yes – indicate jurisdictio					
		FORM	ATION										nave not been pre					dule B with mile								
AB (Alb	AB (Alberta)		AL (Alabama))	AZ (Arizona)	BC (British Columbia)		CA (California)		CO (Colorado)		CT (Connecticut)	DC (District of Columbia)		DE (Delaware)		FL (Florida)	GA (GA (Georgia)		(lowa)		aho)	IL (Illinois)	
IN (India	N (Indiana)		as)	KY (Kentucky)		LA (Louisiana)	MA (Massachusetts)		MB (Manitoba)		MD (Maryland)		ME (Maine)	MI (Michigan)		MN (Minnesota)		MO (Missouri)	MS (Mississippi)	ississippi) MT (Montana)		NB (New Brunswick)		NC (North Carolina	
ND (No	ND (North Dakota) NE (N		aska)	NL (Newfoundland)		NH (New Hampshire)	NJ (New Jersey)		NM (New Mexico)		NS (Nova Scotia)		NV (Nevada)	NY (New York)		OH (Ohio)		OK (Oklahoma)	ON (ON (Ontario)		OR (Oregon)		Pennsylvania)	PE (Prince Ed. Isla	
QC (Quebec)		RI (Rhode Island)		SC (South Carolina)		SD (South Dakota)	SK (Saskatchewan)		TN (Tennessee)		TX (Texas)		UT (Utah)	VA (Virginia)		VT (Vermon	it)	WA (Washington	n) WI (V	WI (Wisconsin)		WV (West Virginia)		Wyoming)	WGT GROUP#	
VEH	IICLE IN	IFORI	/ATIO	I N – Fach ve	hicle lis	sted must accrue	mileage in Id	aho an	d at least o	ne o	ther iur	risdiction to	be eligible for app	ortioned re	egistratio	nn										
*1	2	3	4			5		u u	6	7	7 8	9	10	11	1		12	2		13		14	15	16-Buses On	nly 17	
Action Code	Unit Number	Veh Year	Veh Make	Complete Vehicle Identification Number				Veh Type Fuel Axl			Unladen Weight	A.Purchase Price B.Factory Price	Purchase Date		Name of Owner as Shown on Title)	Idaho Title Number		State Titled	Operation Type	A. Hrs. Pwr B. Seats	r Idaho Plate		
													А. В.	-									<u>А.</u> В.			
													A.											A.		
													A.											A.		
										+			B. A.									\vdash		B. A.		
													В.											В.		
													A. B.	-										А. В.	_	
													A. B.											A. B.		
ø									•			•	•	•												
Code		A = Add Vehicle R = Renew Vehicle C = Change Vehicle **D = Delete Vehicle Change or delete reason:												FOR OFFICE US () Account Status			() Counter		FOR OFFICE USE ON				# Fee Months:			
o uo	Onlings of acids (Gason).													() Weight Information		1()		() From I			to Flee	ıt.	# Power L			
ţi															() Vehicle Information			Company Fax	```					Entered B		
Action											() HVUT Attached or OSS				Company Phor	ne () Weight Change): -	Date						
ı												Filed date: () Insurance Verified () SSRS () Fed Auth Verified			Port Fax:	() New Fleet					TVC: ()Yes ()No					
*Column 1																		Port Phone:		() CTMP				() Counter () Mailed		
μ	**Deleted Vehicle Requirements: Registration must be returned to Signature of Person C									rson Co	ompleting A				pplication		n Office	() Dup Reg () Replace Plate:				Date:	By: Only () Cab Cai			
transfer credit to a replacement vehicle. Registration and plate must be							be							T # Verified		()F	Plate ()Cab C	Card					() Plate	() Sticker		
returned when applying for a refund.								i	Date Completed						ne Verifi			urned Date:	-		() Other:				Rev. 06/	